| OTAL CHARGEABLE CLAIMS    DEPENDENT CLAIMS   U minus 3 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CLAIMS A                       | S FILED - I<br>(Column ) |                                 | ımn 2)       | SMALL EN  | mry ·  | OR  | OTHER<br>SMALL      |                 |          |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------|---------------------------------|--------------|-----------|--------|-----|---------------------|-----------------|----------|---|
| TOTAL CHARGEABLE CLAIMS    Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | OTAL CLAIMS                    | 37                       |                                 |              | RATE      | FEE    |     | PATE                | FEE             |          |   |
| AULTIPLE DEPENDENT CLAIM PRESENT  If the difference in column 1 is less than zero, enter "0" in column 2  If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II  (Column 1)  (Column 2)  (Column 3)  REMAILENTITY  (Column 1)  (Column 2)  (Column 3)  REMAILENTITY  (Column 4)  (Column 3)  REMAILENTITY  (Column 4)  (Column 4)  (Column 5)  RATE  (Column 6)  (Column 7)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 4)  (Column 5)  (Column 3)  (Column 6)  (Column 1)  (Column 7)  (Column 1)  (Column 1)  (Column 1)  (Column 1)  (Column 2)  (Column 3)  (Column 3)  (Column 3)  (Column 4)  (Column 4)  (Column 5)  (Column 6)  (Column 6)  (Column 7)  (Column 7)  (Column 7)  (Column 8)  (Column 8)  (Column 8)  (Column 9)  (Column 1)  (Column 3)  (Column 4)  (Column 3)  (Co    | DR .                           | NUMBER F                 | ILED NUMB                       | ER EXTRA     | BASIC FEE | 355.00 | OR  | BASIC FEE           | 710.00          |          |   |
| TOTAL  COLUMN 1) (COLUMN 2) (COLUMN 3)  Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OTAL CHARGEABLE CLAIMS         | 3 7 mini                 | ıs 20 <b>-</b>                  | 17           | X\$ 9-    |        | OR  | X\$18=              | 306             | 1 · ·    |   |
| Total Column 1) (Column 2) (Column 3) (Column 3) (Column 4) (Column 4) (Column 5) (Column 5) (Column 5) (Column 6) (Column 6) (Column 6) (Column 7) (Colum    | DEPENDENT CLAIMS               | U min                    | us 3 =                          | ]            | X40=      |        | OB  | X80=                | 20              | •        |   |
| TOTAL OR TOTAL 1090  CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING REMAINING PROUSLY PRESENT PREVIOUSLY PAUD FOR AMENDMENT PROUSLY PAUD FOR     | ULTIPLE DEPENDENT CLAIM        | PRESENT                  |                                 |              | 1135-     | 5      |     | +270=               |                 |          |   |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING REMAINING AFTER PREVIOUSLY PAID FOR PAID    | f the difference in column 1 ( | s less than zer          | ro, enter "0" in c              | column 2     |           |        |     | 4.5                 | 1090            |          |   |
| CLAIMS REMAINING    |                                |                          | - PART II                       |              |           |        |     | OTHER               |                 |          |   |
| (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR  Independent In    | CLAIMS<br>REMAINING            |                          | HIGHEST<br>NUMBER<br>PREVIOUSLY | PRESENT      | 13.5      | ADDI-  | 5   | Care Los            | ADDI-<br>TIONAL | m        | 1 |
| (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR  Total  Total  Column 1)  (Column 2)  (Column 3)  HIGHEST REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR  Total  Total  Column 3)  HIGHEST RATE TIONAL FEE  X\$ 9=  OR  X\$18=  OR  X\$0=  HIGHEST OR  ADDI- TOTAL ADDI | Total 37                       |                          | - 37                            | • 1          | X\$.9±    |        | ОН  | X\$18=              |                 |          |   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   135=   OR +270=   OR ADDIT. FEE   OR ADDIT.      | Independent •                  | Minus                    | · · · ·                         | . 140        | X40=      | N. 305 | OB. | X80=                |                 | <b>\</b> |   |
| Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT PAID FOR  Total Independent FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING RATE TIONAL FEE  X\$ 9=  X40=  OR  X\$18=  OR  ADDI- TOTAL ADDIT. FEE  OR  ADDIT. FEE  TOTAL ADDIT. FEE  TOTA  | FIRST PRESENTATION OF          | VIULTIPLE DEP            | ENDENT CLAIN                    | <b>以多</b> 日达 | 2.2       | 4.4    |     |                     |                 |          |   |
| Total  Independent  Minus  Total  Minus  Total  Minus  Total  Minus  Total  Minus  Total  Minus  Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |                          |                                 | (Column 3)   |           |        |     |                     |                 | 1        |   |
| Total    Minus                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |                          | NUMBER<br>PREVIOUSLY            |              | RATE      | TIONAL |     | RATE                | TIONAL          | ΟPΥ      |   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  +135=  TOTAL ADDIT. FEE  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST NUMBER PRESENT ADDI-  REMAINING PRESENT DATE TIONAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Total • 3 /                    | Minus                    | 37                              | = /          | X\$ 9=    |        | OR  | X\$18=              | •               | `        |   |
| (Column 1) (Column 2) (Column 3)  CLAIMS REMAINING AFTER AMENDMENT  TOTAL ADDIT. FEE  OR TOTAL ADDIT. FEE  OR ADDIT. FEE  TOTAL ADDIT. FEE  OR ADDIT. FEE  TOTAL ADDIT. FEE  ADDIT. FEE  TOTAL ADDIT. FEE  OR ADDIT. FEE  TOTAL ADDIT. FEE  TOTAL ADDIT. FEE  ADDIT. FEE  TOTAL ADDIT. FEE  OR ADDIT. FEE  TOTAL ADDIT. FEE  ADDIT. FEE  TOTAL A    |                                |                          | 7                               |              | X40≔      | ٠.     | QR  | X80≈                |                 |          |   |
| (Column 1) (Column 2) (Column 3) CLAIMS REMAINING REMAINING REMAINING CLAIMS REMAINING    | FIRST PRESENTATION OF          | MULTIPLE DEP             | ENDENI CLAIM                    |              | +135≖     |        | OR  | +270=               |                 |          |   |
| CLAIMS HIGHEST NUMBER PRESENT ADDI-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                          |                                 |              |           |        | OR  | TOTAL<br>ADDIT. FEE | /               |          |   |
| REMAINING NUMBER PRESENT ADUIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |                          |                                 | (Column 3)   | 1         |        |     |                     | ·               | 1        |   |
| Total • Minus • = X\$ 9= OR X\$18=                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | REMAINING                      |                          | NUMBER<br>PREVIOUSLY            | •            | RATE      | TIONAL |     | RATE                | TIONAL          |          |   |
| Independent • Minus ••• =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Total •                        | Minus                    | ••                              | =            | X\$ 9=    |        | OR  | X\$18=              |                 |          |   |
| X40= OR X80=                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Independent •                  |                          |                                 | <u> </u>     | X40=      |        |     | X80=                |                 | 1        |   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= OR +270=                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | FIRST PRESENTATION OF          | MULTIPLE DEF             | ENDENT CLAIM                    | и <u> </u>   | ]         |        | 1   |                     |                 | 1        |   |